

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | SL | | 4-5-01 |
| O.I.P.E. CLASSIFIER | | 989 | 43001 |
| FORMALITY REVIEW | NH | | 5110101 |
| RESPONSE FORMALITY REVIEW | CH | 825 | 712101 |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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1-5-01
 10-01